

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047330

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 130 Primary Registration District No. 5573 Registrar's No. 102

FILED DEC 18 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Springs, MO		c. CITY OR TOWN BLUE SPRINGS	
Length of stay in 1b 8 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 43 E Lake Tapawingo		d. STREET ADDRESS (If outside, give location) 43 E Lake Tapawingo	
3. NAME OF DECEASED (Type or print) First JACK Middle S. Last LETCHER		4. DATE OF DEATH Month Dec Day 8 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 25, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Opr		10b. KIND OF BUSINESS OR INDUSTRY K.C. Transit Co	9. AGE (last birthday) 50
11. BIRTHPLACE (City and state or country) K.C. Ks.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James R. Letcher		13b. MOTHER'S MAIDEN NAME Allice R. Richardson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II Army		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs Clara B. Letcher		Address 43 E. Lake Tapawingo Blue Springs, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory and Cardiac Failure DUE TO (b) Acute Coronary Occlusion DUE TO (c) Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 year	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Blue Springs, Mo		COUNTY JACKSON STATE MISSOURI	
21. I attended the deceased from 12-7-1962 to 12/8/62 and last saw him alive on 12-8-1962 Death occurred at 12-8-1962 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James H. Via, Do	
22b. ADDRESS 1010 Main Blue Springs, Mo		22c. DATE SIGNED 12/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/11/62	
23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery		23d. LOCATION (City, town, or county) (State) Blue Springs, Mo	
24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS K.C.K.		25. DATE RECD. BY LOCAL REG. 12/11/62	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

17000

27000

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1270-2

132-0

V.D.

JAN 3 1962

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell W Dennis

Licensed Embalmer No. 3462 (mo)

P. O. Address K C K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.